

ALASKA MEDICAID

Revatio® (Sildenafil)

Tablet: 20mg
Injectable: 10mg/12.5mL

PREFERRED DRUG:

NA

NON-PREFERRED DRUG:

NA

INDICATION:

“REVATIO is indicated for the treatment of pulmonary arterial hypertension (WHO Group I) to improve exercise ability and delay clinical worsening.”¹

CRITERIA FOR APPROVAL:

1. The patient has been diagnosed with pulmonary arterial hypertension (WHO Group I); **AND**
2. The patient is not currently being treated with any nitrate product.

CRITERIA CAUSING DENIAL:

1. The patient is on any nitrate product.

DISPENSING LIMIT:

1. The dispensing limit is a 30 day supply of the medication.

QUANTITY LIMIT:

1. The quantity limit per 30 days is 90 tablets or 90 vials.

REFERENCES / FOOTNOTES:

¹ Revatio® package insert, available at: <http://media.pfizer.com/files/products/uspi_revatio.pdf>
Accessed 02/09/2010.

Revatio® Criteria
Version: 3
Last updated: 03/19/2010
Approved: 3/19/2010